


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006043 AT

DOCUMENT # A99000002115 1. Entity Name MJB CAPITAL, LIMITED PARTNERSHIP	
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FILED

2003 APR 23 PM 12: 38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 308 TIMBERLINE TERRACE ORMOND BEACH FL 32174	Mailing Address 308 TIMBERLINE TERRACE ORMOND BEACH FL 32174
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3615713	
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,630,329.00	10. Amount of Capital Contributions in FLORIDA to date. 2,630,329	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000008937	STREET ADDRESS	
NAME	MJB CAPITAL MANAGEMENT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	308 TIMBERLINE TERRACE	STREET ADDRESS	500016797655
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	04/23/03--01050--001 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date: **4-14-03** Daytime Phone #: **386-672-3349**

STAPLE CHECK HERE

CR2E003 (10/02)